

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: AACE
BUSINESS STREET ADDRESS: 11193 SW 37th MANOR ZIP 33328
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: 954/577.84.34
DESCRIBE TYPE OF BUSINESS: ANIMALS TRAINING AND PET SITTING
BUSINESS IS: Corporation ☐ Sole Proprietor ☒ Partnership ☐

| Owner/Officer (s) | Home Address | City/Zip | Phone# |
|-------------------------|---------------------------------------|------------------------|----------------------|
| 1. <u>THIERRY NIELS</u> | <u>11193 SW 37th MANOR</u> | <u>DAVIE, FL 33328</u> | <u>954/577.84.34</u> |
| 2. _____ | _____ | _____ | _____ |

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 03, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

X THIERRY NIELS OWNER

Print Owner or Officers Name and Title

X [Signature]
Signature of Owner or Officer

| | | | | | | |
|--|----------------------------|-----------------------|---|-------------------|------------|---|
| Office Use Only: Date <u>8/22/02</u> | | Category <u>18400</u> | Fee Exempt per Sec. 13-13 <input checked="" type="checkbox"/> | Fee <u>110.55</u> | Rec# _____ | New <input checked="" type="checkbox"/> Trans _____ |
| License # <u>03-17205</u> | Control # _____ | <u>14252</u> | Zoning <u>A-1</u> | | | |
| Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____ | Zoning Approval <u>Int</u> | Date <u>8/28/02</u> | | | | |
| Town Council Date _____ | Approved _____ | Denied _____ | | | | |
| Tabled To _____ | Approved _____ | Denied _____ | | | | |
| OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____ | | | | | | |

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

Phone
Mail only!